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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Ferree

Serial No.: 09/638,241

Group No.: 3731

Filed: August 14, 2000

Examiner:

For: METHODS AND APPARATUS FOR TREATING DISC HERNIATION AND
PREVENTING THE EXTRUSION OF INTERBODY BONE GRAFT

REQUEST FOR CORRECTED FILING RECEIPT

1. Attached is a copy of the official filing receipt received from the PTO in the above-referenced application for which issuance of a corrected filing receipt is respectfully requested.

2. There is an error with respect to the following data which is:

- ☒ incorrectly entered
and/or
☐ omitted

Error in

Correct data

- ☐ Applicant's name
☐ Applicant's address
☐ Title
☐ Filing date
☐ Serial number
☐ Attorney Docket No.
☒ Other

1.
2.
3.
4.
5.
6.
7. Foreign Applications:
PCT/US00/14708 5/30/2000

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CERTIFICATE OF MAILING (37 CFR 1.8(a))

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231.

Date: October 19, 2000


Sheryl L. Hammer

3. (Complete the following applicable item A or B)

A. ☒ The correction(s) is/are not due to any error by Applicant and no fee is due.

OR

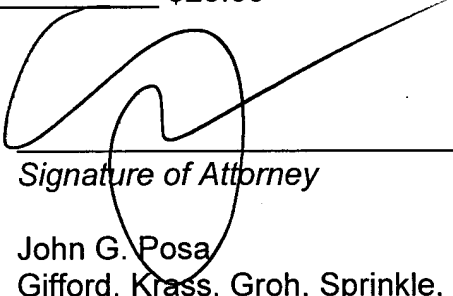
B. ☐ At least one of the above corrections is due to Applicant's error and the fee therefor under 37 CFR 1.19(h) of \$25.00 is paid as follows:

☐ enclosed is check for \$25.00

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Signature of Attorney

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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO.	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/638,241	08/14/2000	3731	345	BAF-11802/29	13	18	2

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FILING RECEIPT



OC000000005459857

Date Mailed: 10/06/2000

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the PTO processes the reply to the Notice, the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

Bret A. Ferree, Cincinnati, OH ;

Continuing Data as Claimed by Applicant

THIS APPLN CLAIMS BENEFIT OF 60/148,913 08/13/1999

Foreign Applications

PCT/US00/14708 06/30/2000

If Required, Foreign Filing License Granted 10/02/2000 .

** SMALL ENTITY **

Title

Methods and apparatus for treating disc herniation and preventing the extrusion of interbody
bone graft

Preliminary Class

606

Data entry by : TSIGE, WUBALEM

Team : OIPE

Date: 10/06/2000



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Bib Data Sheet

SERIAL NUMBER 09/638,241	FILING DATE 08/14/2000 RULE -	CLASS 606	GROUP ART UNIT 3731	ATTORNEY DOCKET NO. BAF-11802/29	
APPLICANTS Bret A. Ferree, Cincinnati, OH ; ** CONTINUING DATA ***** THIS APPLN CLAIMS BENEFIT OF 60/148,913 08/13/1999 ** FOREIGN APPLICATIONS ***** PCT/US00/14708 06/30/2000 IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 10/02/2000					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged		STATE OR COUNTRY OH	SHEETS DRAWING 13	TOTAL CLAIMS 18	INDEPENDENT CLAIMS 2
ADDRESS John G Posa Esq Gifford Krass Groh Sprinkle Anderson & Citkowski PC 280 N Old Woodward Ave Suite 400 Birmingham ,MI 48009					
TITLE Methods and apparatus for treating disc herniation and preventing the extrusion of interbody bone graft					
FILING FEE RECEIVED 345	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		